

ARIZONA DEPARTMENT OF ECONOMIC SECURITY

Comprehensive Medical and Dental Program (CMDP) Title XIX Services
 Eligibility Unit, Site Code 942C
 P.O. Box 29202 • Phoenix, AZ 85038-9202
602-351-2245 or 1-800-201-1795

CMDP DISENROLLMENT INFORMATION

Please Note: This document **must be** completed on behalf of each child leaving CMDP coverage.

Mail to Address: CMDP

Title XIX Eligibility Unit
 P.O. Box 29202
 Phoenix, AZ 85038-9202

Fax: 602-264-3801
 Phone: 602-351-2245 Ext.

Agency Notifying CMDP: _____

Contact Name: _____

Telephone No.: _____

E-mail Address: _____

☐ ADJC☐**CJPD (AOC/JPO)**

(County)

CHILD'S INFORMATION

| | | | |
|--|--|---|--|
| CHILD'S NAME (Last, First, M.I.) | | DATE OF BIRTH | |
| SOC. SEC. NO. | PLACE OF BIRTH | DATE OF RELEASE | |
| ATTACHED COPY OF CERTIFIED BIRTH CERTIFICATE <input type="checkbox"/> Yes <input type="checkbox"/> No | U.S. CITIZEN <input type="checkbox"/> Yes <input type="checkbox"/> No | ATTACHED IDENTITY INFORMATION <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| PROBATION OFFICER'S NAME | | PROBATION OFFICER'S PHONE NO. | |
| PROBATION OFFICER'S ADDRESS (No., Street, City, State, ZIP) | | | |

TERMINATION REASONS

☐ Release from Detention (Send AHCCCS Notification of Children in Detention form to the CEU)
☐ Reached age 18 ☐ Return to parent ☐ Return to Guardian ☐ Other reason:
 NEW ADDRESS FOR CHILD (No., Street, City, State, ZIP)

IF RETURNED TO PARENT OR GUARDIAN

| | |
|-----------------------------|---------------|
| PARENT'S OR GUARDIAN'S NAME | RELATIONSHIP |
| DATE OF BIRTH | SOC. SEC. NO. |

CMDP OFFICE USE ONLY - EXPARTE

| | | |
|--|--|-------------------|
| IS CHILD ELIGIBLE FOR EXPARTE? <input type="checkbox"/> Yes <input type="checkbox"/> No | IF YES, DATE SENT TO RESEARCH AND ANALYSIS | CMDP CLOSURE DATE |
|--|--|-------------------|

RESEARCH AND ANALYSIS OFFICE USE ONLY - EXPARTE

| | |
|--------------------------------------|---|
| DATE FAX RECEIVED | FAX BEING RETURNED DUE TO <input type="checkbox"/> |
| APPROVED <input type="checkbox"/> | EFFECTIVE DATE |
| RESEARCH AND ANALYSIS WORKER'S NAME | DENIED <input type="checkbox"/> Reason: |
| | DATE TAD RETURNED |

Equal Opportunity Employer/Program ♦ Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975, the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, and disability. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact the local office manager; TTY/TDD Services; 7-1-1.